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 www.careliving.com

CREDIT APPLICATION			
<b>Business Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>	
Ship to Address			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>No. of employees:</b>		<b>Year Business Started:</b>	
Contact Information			
<b>Main Contact Name:</b>		<b>Phone Number:</b>	
<b>Email:</b>			
Bank Reference			
<b>Bank Name:</b>		<b>Account#:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Contact Name:</b>		<b>Phone Number:</b>	
Trade References			
<b>Company Name:</b>		<b>Phone:</b>	
		<b>Fax:</b>	
<b>Address:</b>		<b>Email:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Company Name:</b>		<b>Phone:</b>	
		<b>Fax:</b>	
<b>Address:</b>		<b>Email:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	

By submitting this application, you authorize [Care Living Diagnostics Inc.] to make inquiries into the banking and business/trade references that you have supplied.

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_